

NEW YORK STATE
 OFFICE OF CHILDREN AND FAMILY SERVICES
PROGRAM BUDGET
 APPENDIX B

QYDS ID:

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FISCAL YEAR:

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AGENCY/MUNICIPALITY: _____

PROGRAM TITLE: _____

FUND TYPE: _____

FISCAL CONTACT INFORMATION:

Include Name, Phone Number, E-mail address:

PERSONAL SERVICES:

POSITION TITLE	RATE OF PAY	BASIS (H, W, BW, SM)	TOTAL OCFS PROGRAM AMOUNT (1)	TOTAL OCFS FUNDS REQUESTED FOR THIS PROGRAM
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
TOTAL SALARIES AND WAGES			\$	\$
TOTAL FRINGE BENEFITS			\$	\$
TOTAL PERSONAL SERVICES (1)			\$	\$

CONTRACTED SERVICES AND STIPENDS

TYPE OF SERVICE OR CONSULTANT TITLE	RATE OF PAY	BASE (S,M,HR)	TOTAL OCFS PROGRAM AMOUNT (1)	TOTAL OCFS FUNDS REQUESTED FOR THIS PROGRAM
	\$		\$	
	\$		\$	
	\$		\$	
TOTAL CONTRACTED SERVICES (2)			\$	\$

TOTAL MAINTENANCE & OPERATION (3)

	\$	\$
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LIST EQUIPMENT TO BE PURCHASED OR RENTED:

(UNIT COST OVER \$500 AND LIFE EXPECTANCY OF OVER TWO YEARS)

FACILITY REPAIRS

PROGRAM SITE ADDRESS			
	\$		
	\$		
TOTAL FACILITY REPAIRS (4)	\$		\$

TOTAL OCFS PROGRAM AMOUNT

	\$
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TOTAL OCFS FUNDS REQUESTED

	\$
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LIST OF OTHER FUNDING SOURCES	\$	REIMBURSABLE TOTAL
	\$	MUNICIPAL FUNDING
	\$	OTHER SOURCES

** USE AN ASTERISK NEXT TO THE FIGURES LISTED TO IDENTIFY THOSE ITEMS FOR WHICH OCFS REIMBURSEMENT IS NOT BEING REQUESTED. USE (IK) TO IDENTIFY ONLY IN KIND SERVICES, EQUIPMENT, ETC DONATED TO PROGRAM, WHERE ALLOWED.*

PROGRAM BUDGET INSTRUCTIONS

REFER TO FISCAL POLICIES AND PROCEDURES MANUAL FOR RESTRICTIONS

QYDS ID – NUMBER ASSIGNED BY SYSTEM

FISCAL YEAR-INDICATE YEAR FOR WHICH FUNDS ARE BEING REQUESTED

AGENCY/MUNICIPALITY-COUNTY, CITY, VILLAGE, AN INDIAN RESERVATION OR SCHOOL DISTRICT (IF APPROVED) THAT IS APPLYING FOR STATE AID

PROGRAM TITLE-NAME OF PROGRAM RECEIVING FUNDING

FISCAL CONTACT INFORMATION-PERSONS TO CONTACT FOR QUESTIONS ON BUDGETING-CLAIMING AND VOUCHERING FOR THIS PROGRAM

PERSONAL SERVICES

POSITION TITLE	RATE OF PAY	BASIS (H, W, BW, SM)	TOTAL OCFS PROGRAM AMOUNT*
1	2	3	4

**TOTAL FUNDS REQUESTED
FOR THIS PROGRAM**

1. LIST THE TITLE OF THE POSITION AS IT WILL BE CLAIMED
2. ENTER THE RATE OF PAYMENT AS IT IS ON THE PAYROLL, E.G. \$100, \$500, \$5. (enter the highest rate for each title)
3. INDICATE THE SALARY BASIS AS IT IS ACTUALLY PAID, e.g. Hourly (H), Weekly (W), Biweekly (BW), Semimonthly(SM)
4. ENTER THE GROSS AMOUNT OF THIS PAYROLL LINE. Use an asterisk if OCFS reimbursement is not being requested.
5. ENTER THE TOTAL OF THIS COLUMN.
6. ENTER THE TOTAL AMOUNT FOR WHICH OCFS REIMBURSEMENT IS BEING REQUESTED. YDDP/RHYA – DO NOT USE

TOTAL SALARIES AND WAGES

5	6
7	8

TOTAL FRINGE BENEFITS

7. ENTER THE TOTAL OF FRINGE BENEFITS BUDGETED FOR THIS PROGRAM. YDDP – CONTRACT AGENCIES ONLY
8. ENTER THE AMOUNT FOR WHICH OCFS REIMBURSEMENT IS BEING REQUESTED.
MOST PROGRAMS ARE LIMITED TO 25%. YDDP/RHYA – DO NOT USE

CONTRACTED SERVICES AND STIPENDS

TYPE OF SERVICE OR CONSULTANT TITLE	RATE	PAYMENT BASIS	TOTAL PROGRAM AMOUNT*
9	10	11	12

9. ENTER TYPE OR TITLE OF SERVICES, e.g. Accounting Firm, Speaker.
10. INDICATE RATE OF PAY
11. INDICATE PAYMENT BASIS e.g. Session (S), Monthly (M)
12. ENTER THE TOTAL COST FOR EACH LINE

TOTAL CONTRACTED SERVICES (2)

13	14
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13. ENTER THE TOTAL OF THIS COLUMN
14. ENTER THE AMOUNT FOR WHICH OCFS REIMBURSEMENT IS BEING REQUESTED. YDDP/RHYA – DO NOT USE

TOTAL MAINTENANCE & OPERATION (3)

15	16
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15. ENTER THE AMOUNT BUDGETED IN TOTAL FOR THIS PROGRAM.
16. ENTER THE AMOUNT FOR WHICH OCFS REIMBURSEMENT IS BEING REQUESTED. YDDP/RHYA – DO NOT USE

LIST IN THE SPACE PROVIDED, EQUIPMENT PURCHASES AND RENTALS PLANNED FOR PROGRAM YEAR

FACILITY REPAIRS

PROGRAM SITE	17	18
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17. LIST EACH PROGRAM ADDRESS FOR WHICH FACILITY REPAIRS ARE BEING PLANNED
18. ENTER AMOUNT FOR EACH PROGRAM SITE. YDDP LIMIT - \$500 PER SITE

TOTAL FACILITY REPAIRS (4)

19	20
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19. ENTER THE TOTAL OF THIS COLUMN
20. ENTER THE AMOUNT FOR WHICH REIMBURSEMENT IS BEING REQUESTED. YDDP/RHYA – DO NOT USE

TOTAL OCFS PROGRAM AMOUNT

TOTAL OCFS FUNDS REQUESTED

	21
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LIST OTHER FUNDING SOURCES

	22	REIMBURSEABLE TOTAL
	23	MUNICIPAL FUNDING
	24	OTHER SOURCES

21. THIS AMOUNT SHOULD AGREE TO THE AMOUNT BEING REQUESTED FOR THIS PROGRAM.
22. THIS IS THE TOTAL OF BOX 21 LESS ASTERISKED ITEMS
23. ENTER TOTAL AMOUNT BEING PROVIDED TOWARDS THIS PROGRAM BY MUNICIPALITY
24. ENTER TOTAL AMOUNT BEING PROVIDED TOWARDS THIS PROGRAM BY OTHER SOURCES